U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5948	2. Fiscal Year Covered From:			
	7/7/04 Through: 2/3/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name DONALD A SKINNER	Name JBEW LOCAL 952			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3994 FAST MAIN ST	Street 3994 EAST MAIN ST			
City VENTURA	City UNTURA			
State <i>CA</i> ZIP Code + 4 <i>93003</i>	State <i>CA</i> ZIP Code + 4 <i>93.00.3</i>			
5. Position in labor organization. PRESIDENT				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any				
1.0. box, blug., (voin No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Stal Giffu	On 8-9-05 805-642-2149 Date Telephone Number			
Form LM-30 (2003)	David 460			

	File Number U-		
ame of Person Filing DONALD A SKINNER			
Held an interest in or derived income or economic benefit with monetary value bstantial part of which consists of buying from, selling or leasing to, or otherwi an employer whose employees your labor organization represents or is active an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indirectly or indir	rectly to or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Frade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name エルタシュードルタション・アルスティー・アルー・アルスティー・アルー・アルスティー・アルスティー・アルー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルスティー・アルー・アルー・アルー・アルスティー・アルスティー・アルスティー・アルスティー・アルー・アルー・アルー・アルー・アルー・アルー・アルー・アルスティー・アルー・アルー・アルー・アルー・アルー・アルー・アルー・アルー・アルー・アル	11.a. Nature of such dealing. REIMBURSMENT OF WAGES FOR TIME REIMBURSMENT OF WAGES FOR TIME LOST TO ATTAND PANSION MAGITINIS 6 MEETINGS TOTAL		
P.O. Box, Bldg., Room No., if any			
Street 3994 EAST MAIN ST.	11.b. Approximate dollar value of such dealing. 12.70.70		
City VGNTVNP State CP ZIP Code + 4 93003	12.a. Nature of interest held or income received. RELIMBUSMENT OF WAGES		
	6 MGETINGS TOTAL		
	12.b. Amount.		
	refer parts A and B above)		
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of more	ney or other thing of value. 14.a. Nature of payment.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payments		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
15.D. 15 the Dublinger on Emprey	Page 2		

Name of Person Filing DONALO A SKINNER	F	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	n			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name. TBGWG52 / NGCA VARDA MANACAGAT COMM. Trade Name, if any: P.O. Box, Bldg., Room No., if any	FOR ATTENDER	ENT OF WAGGS LOST UP LMCC MEGIZNGS EE HEANINGS.			
Street 3994 E MAIN ST	11.b. Approximate dollar value o	of such dealing. 560.45			
City VINNA	12.a. Nature of interest held o	The state of the s			
State	RETMBUSME 5 MEETZA				
	12.b. Amount.	560 45			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing DONALO A SKINNER		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organizat	ion			
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing				
Name IRGW LUGGO HAMITHAWGLIFAMG TRUST	REIMBUSMEN ATTEND 170	UT OF WALLS LOST TO -W TRUST MEGTINUS			
Trade Name, if any:	3 MEGTEN	nc s			
P.O. Box, Bldg., Room No., if any					
Street 3994 EAST MAIN ST.	11.b. Approximate dollar valu	e of such dealing. 399.20			
City USNIMA	12.a. Nature of interest held	d or income received.			
State CA ZIP Code + 4 93003	22 IMBUSIA 3 MSETIA	ngat of whoes			
	3 MSETĪN	/CS			
	12.b. Amount.	399.20			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				